



**DOCUMENT FOR  
RISK-SHARING**

This Mutual Contingent Agreement ("Agreement") is entered into this 16th day of September, 1988, by and among the participants ("participants").

**WITNESSETH**

WHEREAS, each of the participants seeks to establish a Public Utility Commission ("PUC") as required by the Federal Communications Commission ("FCC"); and

WHEREAS, each of the Participants is legally qualified to file applications with the FCC for the non-wireline Authorization for one or more RSAs; and

WHEREAS, the FCC will select a permittee for the non-wireline DPCRTS Authorization in each RSA from among all qualified applicants for each RSA by random lottery; and

WHEREAS, Participants wish to share the risk of Filing applications for non-wireline RSA authorizations in a manner consistent with applicable FCC rules and policies.

FOR, THEREFORE, in consideration of the mutual premises and covenants contained herein, the Participants hereby agree by and among themselves in accordance with the TERMS AND CONDITIONS OF MUTUAL CONTINGENT RISK-SHARING AGREEMENT (08/26/88), which is incorporated herein by reference.

IN WITNESS WHEREOF, the undersigned have executed this Agreement as of the date and year first written above.

**PARTICIPANT #1**

21st Century Cellular  
Address: 6113 St. Johns Ave  
City: Felton  
State: Minn. zip: 55427

By: [Signature]  
Authorized Signature  
[Signature]  
Witness

(08/26/88)

Federal Communications Commission

Docket No. WT 02-08 Exhibit No. 21

Presented by \_\_\_\_\_

Disposition { Identified \_\_\_\_\_  
Received \_\_\_\_\_  
Rejected \_\_\_\_\_

Reporter HUTZOVICH

Date 10/23/02

PARTICIPANT #7

ESM CELLULAR PARTNERS

Address: 13101 PRATER RD #300

City: DALLAS

State: TX Zip: 75240

By: [Signature]  
Authorized Signature

[Signature]  
Witness

PARTICIPANT #8

CELLULAR CONCEPTS

Address: 5525 FAIR LN. RD.

City: JACKSONVILLE

State: FL Zip: 32210

By: [Signature]  
Authorized Signature

[Signature]  
Witness

PARTICIPANT #9 Serendipity Partnership  
Serendipity

Address: 6751 S. Tropical Trail

City: Merritt Island

State: FLA. Zip: 32952

By: [Signature]  
Authorized Signature

[Signature]  
Witness

PARTICIPANT #10

PENTAVE PARTNERSHIP

Address: 1297 Huntington Ln.

City: Rockledge

State: FL Zip: 32955

By: [Signature]  
Authorized Signature

[Signature]  
Witness

PARTICIPANT #11

Alpey Cellular Engineering

Address: 21110 Lake Road

City: Rocky River

State: Ohio Zip: 44116

By: [Signature]  
Authorized Signature

[Signature]  
Witness

CONFIDENTIAL

PARTICIPANT #12

\_\_\_\_\_  
Address : \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ zip: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signatur

Witness

PARTICIPANT #13 A-1 Cellular Communications

DUAN P. KANE  
Address: 191 NORTH AVENUE EAST  
City: CRANFORD  
State: NEW JERSEY zip: 07016

By: \_\_\_\_\_  
Authorized Signatur

Witness

PARTICIPANT #14 New-Era Telecommunications

RAE KANE  
Address: 191 NORTH AVENUE EAST  
City: CRANFORD  
State: N. J. zip: 07016

By: \_\_\_\_\_  
Authorized Signatur

Witness

PARTICIPANT #15 Cranford Cellular Communications

LESLIE KANE  
Address: 106 CRANFORD AVE  
City: CRANFORD  
State: N. J. zip: 07016

By: \_\_\_\_\_  
Authorized Signatur

Witness

PARTICIPANT #16 Alee Cellular Communications

ROBERT A. BERNSTEIN  
Address: 106 CRANFORD AVE  
City: CRANFORD  
State: N. J. zip: 07016

By: \_\_\_\_\_  
Authorized Signatur

Witness

PARTICIPANT #22 Ever-Ready Cellular

MARTIN S. KANE, M.D.

By: Martin S. Kane  
Authorized Signature

Address: 658 TRINIDAD COURT

City: WINTER PARK,

State: FLORIDA zip: 32792

\_\_\_\_\_  
Witness

PARTICIPANT #23

Address: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signature

City: \_\_\_\_\_

State: \_\_\_\_\_ zip: \_\_\_\_\_

\_\_\_\_\_  
Witness

PARTICIPANT #24

Address: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signature

City: \_\_\_\_\_

State: \_\_\_\_\_ zip: \_\_\_\_\_

\_\_\_\_\_  
Witness

PARTICIPANT #25

Address: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signature

City: \_\_\_\_\_

State: \_\_\_\_\_ zip: \_\_\_\_\_

\_\_\_\_\_  
Witness

PARTICIPANT #26

Address: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signature

City: \_\_\_\_\_

State: \_\_\_\_\_ zip: \_\_\_\_\_

\_\_\_\_\_  
Witness